



State of Washington
Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use

Fee Paid 10.00

Date 2-10-2000

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name High Dunes Vineyard Home Tel: () -
Mailing Address 1105 14th Ave. Work Tel: (253) 549 - 2797
City Fox Island State WA Zip+4 98333 + FAX: () -

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☐ Same as above

Name Jerry Bookwalter Home Tel: () -
Mailing Address 894 Tulip Lane Work Tel: (509) 627 - 5000
City Richland State WA Zip+4 99352 + FAX: () -
Relationship to applicant agent for applicant

Section 3. STATEMENT OF INTENT

(Continuous multiple domestic, commercial/industrial and seasonal irrigation)
The applicant requests a permit to use not more than 800 (☒ gallons per minute or
☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the
purpose(s) of irrigation, commercial/industrial, public water supply. ATTACH A "LEGAL"
DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is
not sufficient. Legal description given on last page of application form.
Estimate a maximum annual quantity to be used in acre-feet per year: approximately 310 acre-feet

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be
needed:
From / / to / /

Section 4. WATER SOURCE

IF SURFACE WATER						IF GROUNDWATER		
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:						A permit is desired for <u>(2)</u> well(s).		
Number of diversions: <u> </u>								
Source flows into (name of body of water):						Size & depth of well(s): To be determined. There is one existing well, 8" and 600 feet deep.		
LOCATION								
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: <u>Approximate locations shown on map attached.</u> <u>Proposed well may be cited w/in NE$\frac{1}{4}$NW$\frac{1}{4}$ or SE$\frac{1}{4}$NW$\frac{1}{4}$, Sec. 26.</u>								
$\frac{1}{4}$ of	$\frac{1}{4}$ of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:		
						Lot	Block	Subdivision
<u>NE$\frac{1}{4}$</u>	<u>NW$\frac{1}{4}$</u>	<u>26</u>	<u>15 N.</u>	<u>23 E.</u>	<u>Grant</u>			
<u>E$\frac{1}{2}$</u>	<u>NW$\frac{1}{4}$</u>	<u>26</u>	<u>15 N.</u>	<u>23 E.</u>	<u>Grant</u>			
For Ecology Use Date Received: <u>2-10-2000</u> Priority Date: <u>2-10-2000</u>								
SEPA: Exempt/Not Exempt FERC License # Dept. Of Health #								
Date Accepted As Complete By Date Returned By WRIA: <u>36</u>								

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: _____
- B. Briefly describe your proposed water system. (See instructions.)
Two wells to supply a pressure pipe irrigation system.
Related industrial use such as processing/commercial activity; potable supply for facility and lodging units.
- C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☐ NO
PROVIDE DOCUMENTATION.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" requested: up to 5 Type of connection 1 industrial-commercial facility
anticipate up to 4 lodging, (Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☒ NO
If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.
- D. Do you have an approved conservation plan? ☐ YES ☐ NO
If yes, when was it approved? _____ Please attach the current approved version of your plan.

Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.)

- A. Total number of acres to be irrigated: 72
- B. List total number of acres for other specified agricultural uses:
- | | |
|-----------|-------------|
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
| Use _____ | Acres _____ |
- C. Total number of acres to be covered by this application: 72
- D. Family Farm Act (Initiative Measure Number 59, November 3, 1977)
Add up the acreage in which you have a controlling interest, including only:
‡ Acreage irrigated under water rights acquired after December 8, 1977;
‡ Acreage proposed to be irrigated under this application;
‡ Acreage proposed to be irrigated under other pending application(s).
1. Is the combined acreage greater than 2000 acres? ☐ YES ☒ NO
2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☒ NO
If yes, enter permit no: _____
- E. Farm uses:
Stockwater - Total # of animals _____ Animal type _____ (If dairy cattle, see below)
Dairy - # Milking _____ # Non-milking _____

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?
Ponds may be used, if feasible at the site.

☒ YES ☐ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

At east side of I-90 bridge over Columbia River near Vantage take SR 26 exit, then SR 243 exit in 1 mile. Property site is about 11 miles further, and 2 miles north of Mattawa on SR 243.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Attached.

Section 11. PROPERTY OWNERSHIP

A. Does the applicant own the land on which the water will be used? ☒ YES ☐ NO
If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):

B. Does the applicant own the land on which the water source is located? ☒ YES ☐ NO
If no, submit a copy of agreement:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me. We will need to be contacted for access to the site. Access is granted to the extent allowed by law.

Richard H. Shaw
Applicant (or authorized representative)

2/2/00
Date

same
Landowner for place of use (if same as applicant, write "same")

Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

Application Section 3.

Legal description of the place of use:

E-2NW-4 Section 26, T 15 N., R. 23 E.W.M.
EXCEPT the South 330 feet.

We are returning your application for the following reason(s):	
<input type="checkbox"/> Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
<input type="checkbox"/> Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above and return your application by _____ (date).	

Ecology staff _____ Date _____

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).